In this issue of *JAMA Network Open*, Harvey and colleagues\(^1\) analyzed more than 90 000 electronic messages sent to physicians by more than 34 000 patients and found that women physicians, doctor of osteopathic medicine (DO) physicians, and primary care physicians (PCPs) were more frequently addressed by first name instead of formal professional title. The authors found that women had greater than twice the odds as men to be addressed by their first name, even after adjusting for patient gender, physician age, degree, trainee vs faculty member, and specialty. DO physicians and PCPs were also more likely to be addressed by their first name, but to a lesser degree than women physicians were.

Untitling (or uncredentialing) is a phenomenon in which an individual's formal title is omitted in a professional context and is a subtle but important form of unconscious bias.\(^2\) It is a phenomenon not unique to health care, and is reported to be experienced by women from minoritized racial and ethnic groups with more frequency. (In the study by Harvey and colleagues\(^1\), the authors did not report racial and ethnic demographics of the physicians whose messages were analyzed.) Use of formal titles in medicine and many other professions is a linguistic signal of respect and professionalism. Such respect in professional communication should be bidirectional, as medical students learn early in training to ask patients how they prefer to be called during medical encounters. As the authors of “Language, Respect, and the Medical Profession” note, “Even when the intention is not malicious, role misidentification, untitling, and uncredentialing demonstrate a lack of respect for health care professionals and are far too prevalent.”\(^3\)

Work in the electronic health record (EHR) is fraught with unconscious bias and workload inequities. Female physicians spend more time after-hours in the EHR, document longer notes on a per-work relative value unit (wRVU) basis,\(^4\) and still receive 26% more patient messages monthly than male PCPs (approximately 52 more messages monthly).\(^5\) With a higher volume of electronic messages to manage, female physicians are also expected to conform to gendered expectations of physician communication style (eg, longer visits, asking more questions, and giving more positive verbal and nonverbal cues such as smiling and nodding),\(^6\) while simultaneously receiving messages addressed informally to their first name instead of professional title. The resulting cumulative experience of such microaggressions and inequitable workload on women physicians is described as “death by a thousand cuts” and is a critical contribution to burnout. It comes as no surprise that burnout and depression scores are higher for female physicians, particularly women physicians of color.\(^7\)

As 2 practicing women physicians with robust EHR inboxes and message volumes that we notice have escalated throughout the pandemic, we suspect this study’s findings would be replicated at other academic and private medical centers. As the thousand cuts mount, with experiences of bias at work, surging EHR workload (that is variably and often not compensated), disproportionate domestic and childcare responsibilities, and the collision of personal and professional responsibilities that often remove women physicians completely from the medical workforce, is it any wonder that the Great Resignation movement impacts women in medicine most drastically? In our view, the work by Harvey and colleagues\(^1\) and those before them supports urgent action by engaged and diverse leadership to reduce and mitigate the impact of unconscious bias to reduce burnout and attrition.